

4-15-2001

Medical Education Digest, Vol. 3 No. 2 (April 15, 2001)

Nova Southeastern University

Follow this and additional works at: https://nsuworks.nova.edu/hpd_com_med

 Part of the [Osteopathic Medicine and Osteopathy Commons](#)

MEDICAL EDUCATION DIGEST

"Medical Education Highlights for Primary Health Care"

Volume 3, Number 2

"Published six times per year by NSU-COM"

April 15, 2001

Local Dean Provides Congressional Testimony on VA Affiliations



Academic affiliations are critical to both partners, stated John G. Clarkson, M.D., senior vice president for medical affairs and dean of the University of Miami School of Medicine, to the House Veterans' Affairs Subcommittee on Health on April 6. Dr. Clarkson remarked that in addition to the enriched patient care environment at the Veterans Administration (VA), both the educational and research programs of the medical schools are enhanced.

At the hearing called by Chairman Jerry Moran (R-Kan.), VA under secretary for health, Thomas Garthwaite, M.D., noted the strategies of the Veterans Health Administration for achieving better quality. These include putting quality first until they are first in quality; providing easy access to care and knowledge; enhancing, preserving, and restoring patient function; exceeding patients' expectations; maximizing resources used; and aiming to build healthy communities. Dr. Garthwaite also noted the value of the VA's research and training programs to recruit and retain high quality researchers and faculty members to the VA health care system, as well as their contribution to the continuous improvement of veterans' health.

Dean Clarkson expressed the concerns of several medical schools about the relationships between the VAMC and how they vary from affiliation to affiliation. He acknowledged that because of the shift in the health care environment to outpatient care, realignment of resources is necessary and inevitable.

(Fishburn J. "Clarkson testifies on value of VA affiliations, research programs." Washington Highlights. Association of American Medical Colleges. 12:14; Page 1; April 6, 2001.)

Veterans Administration-Medical School Partnerships

Over the past 20 years, VA medical centers have become major partners with medical schools. Nancy Dickey, M.D., interim dean of Texas A&M College of Medicine and past president of the American Medical Association, states that the VA in Temple is 70 miles from the College Station basic science campus. It serves as the training ground for medical student clinical rotations in medicine, surgery, and psychiatry. The school has access to the VA's teaching facility. She indicates that the VA population is now more diverse than it used to be and includes more women than ever before. One of the greatest benefits of the VA-Texas A&M partnership comes through the VA's leadership in the arena of research, especially in the area of patient safety and the ethics of research involving human subjects.

At Wright State University School of Medicine, 70 percent of the VA's doctors have full-time appointments at the medical school. The site provides opportunities in undergraduate and graduate education in general and orthopedic surgery, opportunities for fellowships, and more. Intertwining the VA and medical school's needs is the pathology department now being housed at the VA.

(Proctor J. "The times that bind: VA-medical school partnerships: still strong after more than two decades." Reporter. Association of American Medical Colleges. 10:4; pp. 6-7; March 2001.)



Writing a Paper that Will Get Published



"Researchers publish for economic self-interest...it provides visibility and is evidence of productivity," remarks Ed Hulth, editor emeritus of the *Annals of Internal Medicine*. Bruce Lewenstein, associate professor of communications and science technology studies at Cornell University, notes that the pressure to publish and the limited number of pages in existing journals has contributed to a proliferation of journals. Top-tiered journals usually reject more than 50 percent of submitted papers. They are rigorously edited and require very sound science and results that have meaning and application in the field. While other journals have a much lower rejection rate, they generally contain good research.

Advice provided by experts for optimizing publishing success includes the need for clarity, originality of thought, novelty of finding, organization, completeness, and good writing. Lewenstein explains that publishing is the means by which a scientist can be rewarded. Those rewards can include recognition for ideas; being sought out for collaboration; invitations to meetings to share ideas or for personal pleasure; recognition from deans and department heads regarding the value of the researcher in the form of increased resources (e.g., space); and higher salary.

(Devine K. "Writing a Paper that Will Get Published." *The Scientist*. 15:7; pp. 30-31; April 2, 2001.)

Hypothesis-oriented Thinking by Medical students



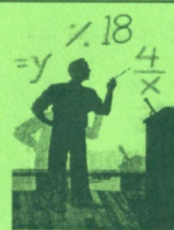
A program at the University of Florida integrates hands-on, patient-oriented research into the medical curriculum and is required of all students who are exposed in a participatory way to clinical research in the first year of their curriculum. They are sensitized to key elements of the scientific process as applied to ethical conduct of research in humans.

The program expands the intellectual horizons of M.D./Ph.D. students to appreciate that patient-oriented investigations require the same high standards of hypothesis development and testing expected in basic science laboratory research.

A hypothesis-driven experiment is conceived by first-year medical students in the university's M.D./Ph.D. program. Later in the year the protocol is implemented by the entire first-year class, who serve as either volunteer study subjects or investigators. M.D./Ph.D. students analyze the experimental data and report it at a national biomedical research meeting as well as submit a manuscript to a peer-reviewed journal.

(Stacpoole PW, Fisher WR, Flotte TR, Geiser EA, Theriaque DW, Hutson AD. "Teaching hypothesis-oriented thinking to medical students: the University of Florida's clinical investigation program." *Academic Medicine*. 76: pp. 287-292, 2001.)

Curricular Changes at UM School of Medicine



The curriculum of the University of Miami School of Medicine is undergoing change with a new emphasis on problem-solving rather than memorizing. In addition, there are to be constant doses of ethics, community medicine, patient relationships and alternative medicine.

Mark T. O'Connell, senior associate dean for medical education, indicated that 80 percent of the 125 U.S. medical schools have redesigned their curriculum or are planning to do so. The changes at Miami are designed to instill in students a sense of the need to keep up, to be current, to recognize that they can't possibly know it all, all the time, says Dean John Clarkson of the UM medical school.

Of course, not everyone is thrilled by the changes. O'Connell stated that the basic scientists are not "happy campers" because the way they teach their subjects and the amount of time devoted to them is changing rapidly.

According to UM administrators, the closer connection with students, developed by using small-group learning techniques that are replacing lectures, makes the increased effort worthwhile. They think they have taken on the role of bringing the school into the 21st century.

(Morris C. "Will it build a better doctor?" *The Miami Herald*. Section E; pp. 1 & 3; March 15, 2001.)

Losing Touch with the Healing Arts: The Decline of Pastoral Doctoring



Sir William Osler, the great physician of Johns Hopkins in the early 20th century said, "It is much more important to know what sort of patient has the disease than what sort of disease the patient has." More recently, W. Mitchell Sams, Jr., M.D., said, "A doctor is a caretaker of the patient's personal-professional advisor, guiding a patient through some of life's most difficult journey's. Only the clergy share this responsibility with us."

Pastoral doctoring, the healing art, advising, and counseling are important in all medical practice. The blend and balance of art and science in medicine is so vulnerable in the current social climate and needs to be preserved and nurtured. The personal and pastoral aspects of medical practice are becoming increasingly stifled by health systems that are more scientific, technological, and efficient. Health care has become dominated by reductionism, a belief that disease is best understood by breaking it down into the smallest possible components and examining them in great detail.

However, by separating the disease from the patient, we distance ourselves further from the possibility of seeing the patient holistically. Scientific and economic principles alone should not govern medical practice. The human and nonscientific elements of consultation and care are not just pleasant luxuries, but are absolutely vital for effective medicine.

Gibbs S. "Losing touch with the healing arts: dermatology and the decline of pastoral doctoring." *Journal of the American Academy of Dermatology*. 43:875-878; 2000.

Medical School and Rural Physicians



The Physician Shortage Area Program (PSAP) of Jefferson Medical College selectively admits students who have grown up in rural areas or small towns and who are committed to return to a similar area to practice family medicine. Six other allopathic medical schools were identified by them that had a mission to increase the number of rural physicians. These seven schools have been highly successful in increasing the number of family and primary care physicians who practice in rural areas.

It was noticed that 76 percent of the PSAP graduates practice in areas with a population of less than 50,000 and 68 percent in communities of less than 25,000. Retention also is high with 87 percent of these practicing rural family medicine five to 10 years after the first began practice. Growing up in a rural area is by far the most important factor affecting this outcome. These graduates are also the most likely to enter rural residency programs.

(Rabinowitz HK and Paynter BS. "The role of the medical school in rural graduate medical education: pipeline or control valve?" *The Journal of Rural Health*. 16: 249-253, 2001.)

Negative Attitudes and Managed Care

A nationwide survey of 2,200 first and fourth-year medical students, residents, faculty, and deans was performed in a study by Harvard University and Boston's Children's Hospital investigators on views about managed care. Of all of the respondents, 52 percent rated fee-for-service better. Both primary care residents and fourth-year medical students rated managed care and fee-for-service almost equally. Primary care faculty rated fee-for-service slightly higher than managed care (40.0 to 35.2 percent).

However, residents in specialty programs and specialty faculty considered fee-for-service much better than managed care (60 versus 22 percent). Interestingly, medical school deans felt that managed care was significantly better (42.1 percent managed care) than fee-for-service (21.8 percent fee-for-service) or that there was little difference between managed care and fee-for-service (35.1 percent). However, there was generally a more positive attitude about many specific aspects of fee-for-service. For example, 80 percent felt that fee-for-service was better for access to care while 71 percent rated fee-for-service better for doctor-patient relationships.

(Brown RS and Anderson S (editors). "Medical school survey reveals widespread negative attitudes: Students strongly influenced by faculty views." *Managed Care in America: Current Research Findings. Part I. HealthPress 2001 edition.*)

Educating Doctors to Provide Counseling and Preventive Care



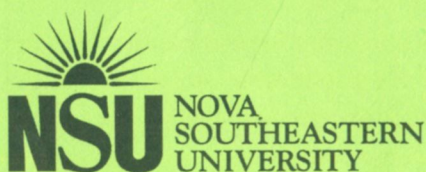
Medicine in the 21st century is expected to be characterized not by the "fix-up-when-things-go-wrong" type of care that 20th century physicians became so good at, but by preventive care that can obviate the need for such fix-up services. This will require a major shift in values by the medical education community. It is recognized that consultations involving prevention and counseling take more physician time. A comprehensive analysis done by a group at the American Academy of Family Physicians showed that preventive care was a component of only one out of every five consultations of 10 minutes duration.

When consultations were 11 to 20 minutes duration, almost one in three involved a prevention activity. This was not much more elevated in consultations that were 21 minutes or longer. While preventive care is being provided by primary care physicians and specialists to some degree, it is probably too little too late. There is much opportunity to improve health in the community by providing more such services. This situation can be improved if medical educators reorient the values they impart to their students. The effectiveness of this will be the measure of the success of future health systems.

(Dovey S, Green L, Fryer GE. "Educating doctors to provide counseling and preventive care: turning 20th century values head over heels." Education for Health, Change in Learning & Practice 13:3 in collaboration with Annals of Behavioral Science and Medical Education. 7: Supplement ISSN 1075-1211. pp. 307-316.)

The Medical Education Digest also is available for viewing on the Internet at <http://medicine.nova.edu/ostmed/admin/facdev>.

"Nova Southeastern University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia, 30033-4097; telephone number: 404-679-4501) to award bachelor's, master's, educational specialist, and doctoral degrees. Nova Southeastern University admits students of any race, color, sex, age, non-disqualifying disability, religion or creed, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not discriminate in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs."



**Health Professions Division
College of Osteopathic Medicine**

3200 South University Drive
4th Floor, Room 1495
Fort Lauderdale, FL 33328-2018
<http://medicine.nova.edu>



NONPROFIT
ORGANIZATION
U.S. POSTAGE
PAID
PERMIT NO. 886

The Medical Education Digest is
published bimonthly through the
NSU-COM Office of Education,
Planning, and Research

Graphic Designer
Scott Colton, Director
Education Communications

Copyright © 2001